

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MG</i>		<i>6/24/99</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>6-30-99</i>
FORMALITY REVIEW	<i>J.S.</i>	<i>69134</i>	<i>7-13-99</i>

*11*

INDEX OF CLAIMS

- |   |                               |   |                    |
|---|-------------------------------|---|--------------------|
| ✓ | ..... Rejected                | N | ..... Non-elected  |
| = | ..... Allowed                 | I | ..... Interference |
| - | (Through numeral)... Canceled | A | ..... Appeal       |
| ∓ | ..... Restricted              | O | ..... Objected     |

BEST AVAILABLE COPY

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here